FORM 2

WISCONSIN

WISCONSIN FIDUCIARY INCOME TAX RETURN (For Estates or Trusts)

1998

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Check whether: Decedent's estate Decedent's estate Decedent's estate Benchapty	Estate only - Last name	I	First name and middle initial	Decede	nt's social security	y number Tre	ust's fede	eral ID number (EIN)			
Check whether: Decedent's estate Decedent's estate Decedent's estate Benchapty											
Date trust or bankruptcy estate was created or date of decedent's cleath	Trusts only - Name			If name	change, state previo	ous name					
Date trust or bankruptcy estate was created or date of decedent's cleath											
Address whose discissive blood at these of decemb Sepoular's fleet name Testamenethary trust Testamenethary trust Inter vivous	Name and address of pers	Ch	l								
Addresse where decelerer lived at time of death Gepure's trist name Testameniary russ											
Date trust or bankruptcy estate was created or date of decedent's death Is this the first return of the estate or trust? Yes No Age of decedent Control of the state or trust? Yes No Age of decedent Control of the state or trust? Yes No Age of decedent Control of the state or trust? Yes No If yes, see instructions. Control of the state of trust? Yes No If yes, see instructions. Control of the state of trust? Yes No If yes, see instructions. Address Control of the state of trust? Yes No If yes, see instructions. Address Control of the state of trust? Yes No If yes, see instructions. Address Control of the state of trust? Yes No Age of decedent Control of the state of trust? Yes No If yes, see instructions. Address Ad								,			
Date trust or bankruptcy estate was created or date of decedent's death	Address where decedent I	lived at time of death		Spouse	s first name			_			
Is this the final return of the estate or trust? Ves No No No No No No No N							_		siness		
Is this the final return of the estate or trust? The closing certificate will be mailed to the address below. Name of individualifiem Address City Statio Zip code Address City Statio Zip code FOR DEPT USE ONLY ZOP		•							uneral		
Is this the final return for the estate or trist? The closing certificate will be mailed to the address below. Address City State Zip code FOR DEPT USE ONLY 20P 2CL 7AU 8AU 9OP 9CL HOLD FOR HOLD FOR FOR DEPT USE ONLY 20P 2CL 7AU 8AU 9OP 9CL HOLD FOR HOLD FOR FOR DEPT USE ONLY 20P 2. Additions (from Schedule A, column 2, line 6) 2. Additions (from Schedule A, column 2, line 6) 3. Add lines 1 and 2 4. Subtractions (from Schedule A, column 2, line 12) 5. Wisconsin taxable income of fiduciary (subtract line 4 from line 3) 6. Gross tax (see instructions on page 4) 6. Enter amount from line 1 Schedule ESBT (see instructions on page 4) 7. Exemption/Historic credits (see instructions on page 4) 8. Subtract line 7 from line 6. If line 7 is larger than line 6a, fill in zero (0) 8. Add lines 8 and 9 10. Add lines 8 and 9 11. Development zone credits (atlach Sched. DC) Manufacturer's sales tax credit (atlach Sched. MS) 11. Every recycling surcharge (see instructions) 12. Subtract line 11 from line 10. It line 11 is larger than Line 10, fill in zero (0) 13. Temporary recycling surcharge (see instructions) 14. Add lines 12 and 13. 15. Wisconsin income tax withheld (attach withholding statement) 15. Using a subtract line 11 from line 10. If line 11 is larger than Line 10, fill in zero (0) 12. Subtract line 11 from line 10. If line 11 is larger than Line 10, fill in zero (0) 12. Subtract line 11 from line 10. If line 11 is larger than Line 10, fill in zero (0) 12. Add lines 12 and 13. 13. Temporary recycling surcharge (see instructions) 14. Add lines 12 and 13. 15. Wisconsin income tax withheld (attach withholding statement) 15. Using the subtract larger				А	ge of deceden	t	Cor				
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Address City State Zip code FOR DEPT USE ONLY 20P 2CL 7AU 8AU 90P 9CL HOLD FOR 1. Federal taxable income of fiduciary (from attached federal Form 1041, line 22) 1 2. Additions (from Schedule A, column 2, line 6) 2 3. Add lines 1 and 2 3 4. Subtractions (from Schedule A, column 2, line 12) 4 5. Wisconsin taxable income of fiduciary (subtract line 4 from line 3) 5 6. Gross tax (see instructions on page 4) 6 6. Enter amount from line 1 Schedule ESBT (see instructions on page 4) 6 6. Enter amount from line 1 Schedule ESBT (see instructions on page 4) 6 6. Exemption/Historic credits (see instructions) 7 8. Subtract line 7 from line 6a. If line 7 is larger than line 6a, fill in zero (0) 8 9. Alternative minimum tax. Fill in alternative minimum tax from line 18 Schedule MT 9 10. Add lines 8 and 9 10. 11. Development zone credits (attach Sched. DC) Manufacturer's sales tax credit (attach Sched. MS) 11 12. Subtract line 10. If Line 11 is larger than Line 10, lift line zero (0) 12 13. Temporary recycling surcharge (see instructions) 10. Check if surcharge computed on worksheet. If worksheet not used, fill in nonfarm net business income 10. X.002173 13 14. Add lines 12 and 13. 14 15. Wisconsin income tax withheld (attach withholding statement) 15 16. 1998 estimated payments and amount applied from 1997 return 16 17. Farmland preservation credit (attach Schedule FC) 17 18. Net income tax paid to other states (see instructions) 18 19. Farmland tax relief credit: Farmland attaxes 2. 1.0 19 20. AMENDED RETURN ONLY — refund from original return 12 21. Total lines 15 through 20 2 22. AMENDED RETURN ONLY — refund from original return less amount applied to 1999 estimated taxes 2. 2. 2 1 23. Subtract line 22 from line 24. enter 2. 23 24. If line 23 is larger than line 14, enter 8. BALANCE DUE 25 25. Amount of line 24 to be applied to your 1999 ESTIMATED TAX 26 26. Amount of line 24 to be applied to your 1999 ESTIMATED TAX 26 27. Batasian decomplete. 1940 14 18 18 18 19 18 18 18 18 18 18 18 18 18 18 18 18 18				If yes	, see instruction	ons.	Pro	bate Case Number			
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2. Additions (from Schedule A, column 2, line 6)						l					
3		• •			•				•		
4 . Subtractions (from Schedule A, column 2, line 12)	•		•						•		
5 Ga. Gross tax (see instructions on page 4) 6a Gross tax (see instructions on page 4) 6b Ga Gross tax (see instructions on page 4) 6b Ga Gross tax (see instructions on page 4) 6b Ga Gross tax (see instructions on page 4) 6b Ga Ga Gross tax (see instructions) 7 Ga									•		
6a. Gross tax (see instructions on page 4) 6b. Enter amount from line 1 Schedule ESBT (see instructions on page 4) 6c. Enter amount from line 1 Schedule ESBT (see instructions on page 4) 7		•	*						•		
6b. Enter amount from line 1 Schedule ESBT (see instructions on page 4) 7. Exemption/Historic credits (see instructions) 7. Subtract line 7 from line 6a. If line 7 is larger than line 6a, fill in zero (0) 8. Subtract line 7 from line 6a. If line 7 is larger than line 6a, fill lin zero (0) 8. Alternative minimum tax. Fill in alternative minimum tax from line 18 Schedule MT 9			· · · · · · · · · · · · · · · · · · ·				-		•		
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14. Add lines 12 and 13			<i>,</i> —	_	•						
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16. 1998 estimated payments and amount applied from 1997 return							. 14				
17. Farmland preservation credit (attach Schedule FC)		,	,	-			_				
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19. Farmland tax relief credit: Farmland taxes X .10 = 20. AMENDED RETURN ONLY — amount paid with original return1 21. Total lines 15 through 20 21 22 22 22 22 22 22 22 22 22 22 22 22	•	•	,			•	_				
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amount applied to 1999 estimated tax		•		. 4		•					
23. Subtract line 22 from line 21				2 2)				
24. If line 23 is larger than line 14, enter						•	23				
25. If line 23 is less than line 14, enter											
26. Amount of line 24 to be applied to your 1999 ESTIMATED TAX		•							.		
I, as fiduciary, declare under penalties of law that I have examined this return (including accompanying schedules, statements, and copy of federal income tax return) and to the best of my knowledge and belief it is true, correct and complete. Signature of fiduciary or trust officer Date Telephone number () PERSON PREPARING THE RETURN (individual and firm) if other than the preceding signer Name of preparer other than fiduciary Signature of preparer Mail this return to: Wisconsin Dept. of Revenue P.0. Box 8904											
income tax return) and to the best of my knowledge and belief it is true, correct and complete. Signature of fiduciary or trust officer Date Telephone number () PERSON PREPARING THE RETURN (individual and firm) if other than the preceding signer Name of preparer other than fiduciary Signature of preparer Mail this return to: Wisconsin Dept. of Revenue P.O. Box 8904 Telephone number () R MON YR T MAN D A P C	I, as fiduciary, decla	re under penalties of law that	I have examined this return (i	ncludin	g accompanyin	ng schedule	s, state	ments, and copy o	f federa		
PERSON PREPARING THE RETURN (individual and firm) if other than the preceding signer Name of preparer other than fiduciary Signature of preparer Date Mail this return to: Wisconsin Dept., of Revenue P.O. Box 8904	income tax return) a	and to the best of my knowled	lge and belief it is true, correc	t and co	mplete.						
Name of preparer other than fiduciary Signature of preparer Mail this return to: Wisconsin Dept. of Revenue P.0. Box 8904 I-020 Area below this line for department use only	Signature of fiduciary or tru	ST OTHICET				Date		l elephone number			
Name of preparer other than fiduciary Signature of preparer Mail this return to: Wisconsin Dept. of Revenue P.0. Box 8904 I-020 Area below this line for department use only	PERSON PREDADI	NG THE RETURN (individua	l and firm) if other than the pro-	redina c	signer						
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	of Revenue		-				""				

	m 2 (1998)						Page 2	
SC	HEDULE A — MODIFICATIONS AND ADJUSTMENTS		CO	L. 1		COL. 2		
ΑC	DITIONS:	Di	istributal	ble Income	Non-D	istributable	Income	
1.	Adjustment to convert 1998 federal taxable income to the level allowable und	er						
	the Internal Revenue Code in effect on December 31, 1997 (Schedule B)							
2.	2. Interest (less related expenses) on state and municipal obligations							
3.	State and local taxes (see instructions)							
4.	Capital gain/loss adjustment (see instructions)							
5.	Other (specify)							
6.	Total additions (add lines 1 through 5)							
SU	BTRACTIONS:							
7.	Adjustment to convert 1998 federal taxable income to the level allowable und	er						
	the Internal Revenue Code in effect on December 31, 1997 (Schedule B)							
8. Interest (less related expenses) on obligations of the United States								
9.	Capital gain/loss adjustment (see instructions)							
10	State and local income tax refunds (see instructions)							
11.	Other (specify)							
12	Total subtractions (add lines 7 through 11)							
sc	HEDULE B — ADJUSTMENTS TO CONVERT 1998 FEDERAL TAXABLE INCOME TO UNDER THE INTERNAL REVENUE CODE IN EFFECT ON DECEMBER				n page	: 11)		
,	MATURE OF AR INCTMENT. EVELAIN FULLY CHOW REFIGIT AMOUNT IN RAPENTURES			Adjustm	ents for	· 1998		
1	NATURE OF ADJUSTMENT—EXPLAIN FULLY. SHOW DEFICIT AMOUNT IN PARENTHESES		Dis	stributable	N	on-Distribut	table	
2	TOTAL (If total increases federal taxable income, enter on Schedule A, line 1) (If total decreases federal taxable income, enter on Schedule A, line 7)							
3	TOTAL (enter, as appropriate, on Wisconsin Schedule 2K-1)							
sc 	HEDULE C — ADJUSTMENTS TO CAPITAL GAINS/LOSSES BECAUSE CAPITAL A HAD DIFFERENT BASIS FOR WISCONSIN AND FEDERAL INCOME T	AX PUR	POSES	1				
1a		A. FEDE JUSTED		B. WISCON		C. DIFFER	RENCE	
1b	TOTAL – Combine amounts in column C. Fill in here and on line 4 of Wisconsin Schedul	e WD (Fo	orm 2)					
2a		A. FEDE		B. WISCO		C. DIFFE	RENCE	
2b	TOTAL – Combine amounts in column C. Fill in here and on line 12 of Wisconsin Sched	ule WD (Form 2)					
	INFORMATION REQUIRED WHEN REQUESTING A CLOSING	CERTIF	ICATE I	FOR AN ESTA	ATE			
1	Did the decedent have a will? ☐ yes ☐ no							
	Type of Probate formal other							
	Is there a requirement to file a federal estate tax return (Form 706)? Yes No Is	f Yes. da	te filed		_			
	If the decedent did not file tax returns prior to death, state the decedent's approximate in				_			
4		iconne noi	. 1990 -	Ψ				
_	1997 - \$, 1996 - \$, 1995- \$, 1995- \$ Attach a copy of the inventory and will. Attach a copy of the final account to the final fid							
	If an estate does not have enough income to require filing and needs a Closing Certificate f			if the estate w	ill bo fili	na only ono	fiduoion	
O			,			0 ,	,	
	return when the estate is closed and needs the closing certificate before filing that return, s	see page	2011116	IIISHUCHONS 10	proced	Jules to be	ioliowea.	
	INFORMATION PROJUDED MAJES PROJECTING A CLOCKED	· CERTIT	10 A T.	FOR A TOUG	-			
_	INFORMATION REQUIRED WHEN REQUESTING A CLOSING				1			
	Attach a copy of the trust instrument with amendments and copies of annual court accord	•	•	•				
2	a. Name(s) of grantor(s) Social Security Number(s)							
	b. Name(s) of grantee(s)							
	Social Security Number(s)							
3	State reason for closing the trust							
	-							
4	Is a certificate required by the court? Yes No See page 2 of instructions (rec	quests fo	r closing	certificates).			_	